Traumatic Brain Injury Program Policies and Guidelines
Traumatic Brain Injury Trust Fund Program
Children and Youth
Effective February 2010

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1.0 TBI Program: Administrative Overview

The Colorado Traumatic Brain Injury (TBI) Trust Fund Program was created in 2002. Title 26, Article 1, Part 3 of the Colorado Revised Statutes

- added surcharges to certain traffic offenses to generate revenue for the trust fund
- created a 13-member TBI board to oversee the trust fund
- designated how funds would be spent
- placed the program in the Colorado Department of Human Services.

The Colorado Department of Human Services (DHS) oversees the TBI Trust Fund Program at the state level and contracts with Denver Options to administer care coordination and purchased services for both adult and child services. Denver Options contracts with the Colorado Department of Public Health and Environment (CDPHE), Children with Special Health Care Needs Unit (CSHCN) to provide TBI care coordination services for children and youth, ages birth through age 20, as a part of the Health Care Program for Children with Special Needs (HCP).

A. Eligibility and Referrals

1. The Brain Injury Association of Colorado (BIAC) determines eligibility for the TBI Trust Fund Program.
2. BIAC refers eligible children and youth, through age 20, to HCP for care coordination services.

B. Care Coordination Services through HCP

1. HCP implements the TBI Program through contracts with HCP Regional Offices (RO), local public health departments, and community agencies with a similar client base and staff that provide similar services, such as Community Center Boards (CCB).
2. In a collaborative effort, the TBI program manager, HCP director, Fiscal Services Unit, regional offices and local health agencies negotiate contracts to provide TBI care coordination services at the local community level.
3. HCP-TBI care coordinators link families to community services and promote the medical home team approach to care coordination.
4. The work provided by the local health agencies, through this contract, is evidence of the agencies' contributions to the HCP mission, which is to ensure that children and youth with special health care needs have the opportunity to grow, learn, and develop to their highest potential.

C. Administrative Services

1. The HCP State office supports the TBI care coordination program by providing the following administrative services:
    a. policy and program development
    b. administrative operations
    c. privacy, security and confidentiality
    d. quality improvement
    e. training, including orientation, care coordinator certification, and ongoing training programs

    f. fiscal and contracts
    g. overflow care coordination
    h. CHIRP (Children's Health Information Records of Patients) database system.
2. The TBI program manager, or delegated responsible staff member, is responsible for TBI program administrative services.
3. The TBI program manager, in collaboration with the TBI management team, is responsible for policy and program development.
4. CDPHE along with each HCP contracted offices assure that clients' personal health information is secured according to HIPPA guidelines.
5. The TBI program manager, in collaboration with the TBI management team, and the contracted offices are responsible for quality improvement development and implementation.
6. The TBI program manager, Fiscal Services Unit (FSU), and the HCP director are jointly responsible for fiscal and contracting functions at the HCP state office.
7. Care coordinators for the Traumatic Brain Injury Program follow TBI policies and guidelines as defined in the contract scope of work.

2.0 Care Coordinator Assignment, Training, and Certification

TBI contracted offices assign a care coordinator to provide care coordination services for eligible children and youth enrolled in the HCP-TBI Program. TBI care coordinators are certified by the HCP state office to assure consistency and quality of care coordination services.

TBI care coordinators complete HCP-TBI care coordination training prior to providing TBI care coordination services in order to gain the competencies needed to effectively provide resource referrals, program services, and care coordination strategies and adaptations for children and youth with TBI. TBI care coordinators must also have a working knowledge of the HCP-TBI CHIRP database system and the TBI database documentation processes and procedures in order to provide TBI care coordination.

ROLES AND RESPONSIBILITIES

A. HCP State Office:

1. Plans and implements the TBI care coordinator training and certification process including CHIRP database training
2. Develops and updates TBI training materials and resources and provides easy access to all training materials
3. Provides administrative support for the training/certification process
   - maintains the certified TBI care coordinators list and date of their TBI care coordination certification
   - maintains training attendance records
4. Provides information on continuing education opportunities for TBI certification and education
5. Provides regular TBI conference sessions (webinars/conference calls) to inform and educate TBI care coordinators

B. TBI Contracted Office:

1. Provides a TBI care coordinator (nurse or social worker) to provide care coordination services for TBI referrals received
2. Notifies the TBI program manager of new TBI care coordinator appointments and/or vacancies
3. Provides the following information for all TBI care coordinators: current contact information (phone, address, e-mail), start date (when new), end date (when leaving), and supervisor's contact information
4. Assures that the TBI care coordinator completes the HCP-TBI care coordination and CHIRP training within 90 days of hire or prior to the care coordinator providing direct TBI care coordination
5. Assures that TBI care coordinators attend regular TBI conference sessions (webinars/conference calls) provided by the HCP state office

3.0 Care Coordination Services

HCP-TBI care coordination services delivery is a collaborative process with the client/family to assess, plan, implement, coordinate, monitor, and evaluate options and services to meet their unmet needs and strengths, to promote quality, cost-effective outcomes. HCP-TBI care coordination operates with an underlying premise that when individuals reach their optimal level of wellness and functional capability, everyone benefits: the individual client and family being served, their community support systems, the healthcare delivery system, and insurance carriers.

HCP-TBI care coordination services are intended to improve the quality of life for children and youth with TBI and their families by increasing the family's knowledge of TBI and ability to appropriately and effectively utilize health and community services through a *medical home team approach*, thus also decreasing health care expenditures.

HCP contracted agencies provide HCP-TBI care coordination services for client/families enrolled in the TBI Trust Fund Program that include an intake interview, health assessment, identification of client/family strengths and unmet needs, family goals and interventions including access to community resources and healthcare referrals through the development of a plan of care, , and facilitation of the purchased services benefit, TBI education and self-advocacy guidance, and discharge planning and program evaluation.

ROLES AND RESPONSIBILITIES

A. HCP State Office:

1. Provides TBI care coordination training

B. TBI Care Coordinator:

1. Coordinates with HCP Team members, including social workers, nurses, dietitians, speech-language pathologists, audiologists, family coordinators, and occupational or physical therapist on behalf of families
2. Utilizes the expertise of other community disciplines such as the child's primary care provider, specialists, school nurses, school TBI teams, teachers, psychologists, and others who the family indicates are members of their *medical home team*
3. Provides assistance to PCPs to assure a medical team approach to care as needed:
    a. provide access to and coordination of primary and specialty care
    b. help identify community and state resources
    c. help families navigate and understand the health care system

4.0 Plan of Care Development, Approval, Implementation, and Documentation

TBI contracted offices work with the client/family to develop a plan of care that reflects the client/family's goals for the year of care coordination and purchased services provided by the TBI Trust Fund Program. The development of the plan of care begins with an intake interview and a health assessment with the nurse and/or social worker and the client/family. During this time together, family strengths and unmet needs are identified with the family's input and the nurse/social worker's guidance and feedback. The identified strengths and unmet needs form the basis of the client/family's goals for the year of care coordination services. The plan of care is the document that summarizes the client/family's identified goals and the interventions that will be utilized to meet those goals. The plan is a fluid document that may be added to or changed according to the client/family's wishes and changing needs throughout the year.

TBI contracted offices and the HCP state office work together to develop, approve, implement, and document the plan of care through out the year of care coordination services.

ROLES AND RESPONSIBILITIES

A. HCP State Office:

1. Oversees the timely approval of the TBI plan of care
2. Reviews the TBI health assessment and plan of care and requests revisions if needed
3. Provides clinical expertise and consultation in the development of a child/youth's plan of care.
4. Administers the plan of care approval process
5. Sends the TBI plan of care approval to the TBI care coordinator, the regional office team leader, and Denver Options along with the TBI invoice
6. Processes the TBI care coordination invoices
7. Securely maintains confidential files for each client
8. Documents required client information in the TBI/CHIRP database

B. TBI Contracted Office:

1. Completes an intake interview and a health assessment that identifies strengths and unmet needs, goals and interventions to meet the goals, in collaboration with the client/family
2. Follows the "HCP-TBI Care Coordination Guidelines," regarding the development and implementation of the TBI plan of care
3. Assure the timely submission of the TBI plan of care, as required
4. Assures that the plan of care is reviewed for completion of required elements before submitting to HCP office for approval
5. Monitors the family's progress toward the attainment of their goals, as required
6. Documents the plan of care including the assessments, family goals, interventions, and follow-up of access to medical home, insurance, purchased services through progress notes, referrals, and purchased services in HCP CHIRP

5. HCP-TBI Care Coordination Program Deliverables

Local agencies contract with CDPHE to provide TBI Care Coordination for each referral the agency receives. The agency receives payment for each referral in return for specified deliverables. Once the agency receives the referral the following deliverables are required for payment of services performed:

A. Intake, Assessment, and Plan of Care

1. The TBI Care Coordinator meets face-to-face with the client/family to complete an intake interview, assessment, and to identify family strengths and unmet needs, resulting in a plan of care to submit to the HCP state office within 35 days from the date of the referral the agency.
2. The family receives a copy of the plan of care, agrees, and signs, prior to submittal to the HCP state office for approval. Written requests for extensions to the 35-day deadline must be submitted for approval prior to the due date.

B. Invoice

1. The TBI care coordinator receives email notification from the TBI program manager when the plan of care is approved. The notification includes the invoice for payment to the agency for the care coordination services provided during the client's plan of care year.
2. The TBI care coordinator (or agency designated signer) signs and dates the invoice and mails the original to the HCP State Office, in care of the TBI program manager, within 10 days of receipt of the approval notification.
3. The TBI program manager approves invoices and initiates payment at the HCP State Office when the invoice is received.

C. Monthly Contacts

1. The TBI care coordinator completes at least one monthly contact with the client/family and documents it in the CHIRP system each month during the plan of care year. A monthly contact may consist of an email, letter, phone conversation, or face-to-face contact, with the client/family.
2. The care coordinator must document, in CHIRP, every attempt to contact the family even if it is unsuccessful.

D. Month 6 Evaluation

1. The TBI care coordinator evaluates progress toward the client/family's goals, with client/family input, and documents the evaluation of each goal in the CHIRP database no later then the last day of the 6th month of the TBI plan of care. Plan of care month 1 is counted as the month the plan of care was approved. Example: If the plan of care is approved in October 2009, the month 6 evaluation is due no later than March 31, 2010.

E. Month 9 Transition/Discharge Plan

1. The care coordinator begins the transition/discharge process at the three months prior to the end of the care coordination year (month 9) to assure that the client/family has time to complete all purchase services prior to the end of their year and to assure a seamless transition of services.

F. 12 Month Evaluation and Discharge Plan

1. The TBI coordinator meets face-to-face with the client/family in the last month of the care coordination year (month 12) to evaluate the progress made toward the family goals, assure a seamless transition of services, and offer a reapplication for an additional year of TBI care coordination or continuation with HCP.

2. When a face-to-face is not possible, a phone call is the next best option.
3. The TBI care coordinator completes a written transition/discharge plan with client/family and documents the plan in the CHIRP database no later than the last day of the month that the plan of care ends.
4. The family receives a copy of the plan at the end of the plan of care year along with a closure letter and a copy of TBI resources.
5. When unable to contact the family/client to develop a plan, all closure paperwork is mailed to the family at the end of the care plan year (month 12).
6. Closure paperwork includes a closure letter, copy of the discharge plan, and resource list.

G. Purchased Services

1. The TBI care coordinator assists the client/family to obtain purchased services.
2. Purchased Services assistance includes:
    a. Determining sources other than the TBI trust fund to cover the cost of needed services (e.g., insurance, grants, community services,)
    b. Having knowledge of and informing the client/family of the purchased services policies and procedures, and necessary forms required to obtain purchased services (i.e. letter of necessity, computer checklist),
    c. Completing required forms and submitting them to Denver Options,
    d. Communicating with Denver Options, when necessary, to obtain services on behalf of the client/family, and
    e. Including the use of TBI trust fund monies in the plan of care to receive purchased services.

H. Family Satisfaction

1. The TBI program manager mails a satisfaction survey to the client/family within 30 days after the date the plan of care ends. A discharge plan and required evaluations must be completed prior to mailing the satisfaction survey to the family.
2. Responses to the family satisfaction surveys are collected, compiled, and reported by BIAC to the state TBI trust fund program, Denver Options, and HCP.
3. The TBI program manager monitors survey responses and forwards to the appropriate team leader for quality improvement purposes when needed.

I. Notification of Due Dates

1. The TBI program manager sends an email notification during the first week of the month to the care coordinator and the regional/ream leaders when a 6- month and 12-month evaluation and/or a discharge plan is due that month. The email includes the HCP ID# of the client and the due date of the evaluation/discharge plan.
2. The TBI program manager sends an overdue notice to the care coordinator and team lead when the evaluation, or discharge plan has not been completed by the due date.
3. If there is a consistent pattern of overdue evaluations or discharge plans or lack of monthly documented contacts, the TBI program manager will contact the team lead/care coordinator to discuss an improvement plan.

J. Contract Monitoring System

1. The agency's performance of the care coordination deliverables are a key component of the CMS quarterly review rating (above standard, standard, below standard) that an agency receives on "quality, timeliness, price/budget, business relations/customer service, and deliverables"

6.0 Purchased Services and Provider Applications

HCP-TBI care coordinators work together with families to determine their need for services related to their child's that may be purchased with monies from the TBI trust fund. HCP-TBI care coordinators assist families to obtain purchased services. Purchased services may be one-time purchases or may be services provided by an approved provider. Providers must be contracted with the trust fund to provide services for trust fund clients. TBI contracted offices work directly with Denver Options to obtain purchased services for their clients/families. Denver Options receives all purchased services requests, fulfills them, contracts with providers to provide services, and makes all purchased service and provider payments.

ROLES AND RESPONSIBILITIES

A. TBI Contracted Agencies:

1. Assist families to determine their need for purchased services
2. Complete documentation as required to request and obtain purchased services (e.g., letter of necessity, computer checklist, purchase dervice request).
3. Include the request for TBI trust fund monies in the plan of care in order for purchased services to be approved. The interventions in the plan of care must reflect the intention to access TBI trust fund dollars.
4. Have knowledge of and follow the Denver Options "Care Coordinator Purchase Service Manual" policies and procedures for all purchased services requests.
5. Complete and submit paperwork to request a provider contract when the provider requested by the family is not currently approved by Denver Options.

B. Denver Options:

1. Processes all requests for purchased services and new provider contracts.
2. Communicates directly with the HCP-TBI care coordinators concerning the status of their purchase service and provider requests.
3. Provides policy and guidance for care coordinators regarding purchased services and provider contracts (see "Care Coordinator Purchase Service Manual").
4. Provides assistance/consultation to HCP-TBI care coordinators concerning purchased services policies and procedures.

7.0 TBI Case Closure, Delay of Services, and Break in Services

A TBI client/family might be non-responsive to the attempted contacts of the TBI care coordinator to complete the plan of care, or they might request a delay in the initiation of care coordination services due to individual family circumstances such as travel, health status of a family member(s), moving, etc. Once care coordination services begin, these and other reasons may cause a family to ask to terminate care coordination services before their full benefit year is completed, or for a break in services before their year of services ends.

A. Delay (Hold) of Services prior to Active Enrollment (up to six months in duration)

Clients who have been referred to the local office and do not yet have an approved plan of care, may request a delay of services for the following reasons. A delay in services may be up to six months in duration.

1. A client, their legal guardian, or the family (if the client is a minor) may request a delay in services due to one of the following reasons:
    a. death in the family
    b. incarceration
    c. health Issues
    d. other reasons as approved by the TBI program manager
2. TBI care coordinator submits a written request to the TBI program manger for a delay in services with the stated reason and length of break.
3. Once the care coordinator receives written approval from the TBI program manager, the care coordinator sends the client a letter to inform them that the delay in service has been approved.

B. Break in Services during Active Enrollment (up to three months in duration)

Clients enrolled in active services, may need an interruption in services during the course of their active enrollment. A break in services may be up to three months in duration.

1. A client, their legal guardian, or the family (if the client is a minor) may request a break in services due to one of the following reasons:
    a. death in the family
    b. incarceration
    c. health Issues
    d. other reasons as approved by the TBI program manager
2. TBI care coordinator submits a written request to the TBI program manger for a break in services with the stated reason and length of break.
3. Once the care coordinator receives written approval from the TBI program manager, the care coordinator sends the client a letter to inform them that the break in service has been approved and the dates of the break in service.

C. Case Closure Prior to the End of Active Enrollment

1. A case may be closed prior to the end of the active enrollment due to one of the following reasons:
    a. the client has met his/her goals and/or elects to discontinue services
    b. the client has completed their 12-month enrollment period
    c. the client has moved out of state
    d. the client has died
    e. the client has been institutionalized/incarcerated under circumstances that preclude delivery of services for at least six months.

f. the client has been non-cooperative with, or abusive toward the TBI care coordinator, and/or service providers to the extent that services cannot be delivered.
g. the client has made no contact or responded to the TBI care coordinator despite the "reasonable efforts" described below:
    i. At least five attempts by phone and one attempt by certified mail, over the course of two months. At least one attempt by phone must be made after normal business hours, and messages left when the individual has voice mail OR
    ii. At least six attempts by mail, the last one by certified mail, over the course of two months, if the individual does not have a telephone.
    (If the client's mail is returned without a forwarding address and phone service is disconnected, the case may be closed with TBI program manager's written approval.)

2.. A care coordinator may not close a TBI referral client or active TBI care coordination cervices client in the absence of one of the above criteria or solely because a program participant exhibits behavior that is caused by his/her TBI, such as forgetting scheduled appointments or difficulties with the TBI care coordinator.
3. The care coordinator documents the attempts to contact the family as well as the reason for closure in the client record.
4. The care coordinator notifies the TBI program manager in writing of the intent to close the case prior to the end of active enrollment with the reason.
5. Once the case closure is approved by the TBI program manager, the care coordinator sends the client written notification of this action, along with the client's appeal rights, and appeal guidance.

8.0 Transition/Discharge Plan and Case Closure

HCP-TBI care coordinators, with client/family input, develop and complete a transition/discharge plan for each client referred for program services. The discharge process begins no later than the ninth month of enrollment and completes by the last day of enrollment. The plan provides a tool to evaluate the status of goals and to measure the degree of success or nonsuccess in attaining set goals and the reasons for each. Most importantly, the plan identifies additional supportive resources and steps to for the client to successfully self-advocate within the community, with school personnel, and the medical home team.

ROLES AND RESPONSIBILITIES

A. HCP State Office:

1. Assures transition/discharge plans are completed in a timely manner
2. Reviews transition/discharge plans for quality assurance and quality improvement purposes

B. TBI Contracted Office:

1. HCP-TBI care coordinators notifies the client/family at the ninth month of active enrollment of their upcoming termination date; available purchase service funds remaining, and prospective meeting to discuss beginning transition/discharge planning.
2. Completes an evaluation of the agreed-upon goals with client/family input at the transition/discharge plan meeting and documents the results in the CHIRP database by the last month of active enrollment.
3. Forwards a copy of the agreed upon transition/discharge plan to the client/family along with a list of resources in their area, and a case closure letter.

9.0 Wait List

TBI Program services are subject to available TBI trust funding. If the demand and need for TBI services exceeds the available funding, Denver Options will maintain a wait list of eligible clients for children's services.

A. A "wait list" is maintained by Denver Options when needed. Clients are listed in the order of the date of referral, and individuals shall receive program services on a first-come, first-served basis.
B. HCP state office maintains regular communications with Denver Options regarding the wait list.
C. Denver Options is responsible for sending written notifications to the families that are on the wait list.

10.0 Quality Improvement

The HCP state office, in collaboration with HCP contracted offices completes quality improvement activities on an ongoing and yearly basis. The HCP state office evaluates the outcomes of care coordination services to determine whether the quality of clients' lives have been maintained or improved as a result of receiving services. The HCP state office also evaluates administrative processes such as customer service and response to appeals and grievances. The results of quality improvement activities are used to plan and improve HCP care coordination services and administrative systems.

ROLES AND RESPONSIBILITIES

A. HCP State Office:

1. Completes, in collaboration with TBI contracted offices, quality improvement activities on an ongoing basis.
2. Evaluates the outcomes of TBI care coordination services, the administrative referral, and TBI-CHIRP documentation system using the results of Family Satisfaction Survey (FSS), client records review, plan of care review, and approval process.
3. Assures that TBI care coordinators and administrative staff have knowledge of and apply TBI policies & guidelines.
4. Participates in the quality improvement review processes including but not limited to:
    a. TBI plan of care review and approval
    b. Client records review for the annual quality improvement report
    c. Reviews of HCP-CHIRP required documentation and deadlines
    d. Contract Management System (CMS) quarterly performance evaluations
    e. Family satisfaction surveys
5. Sends out the family satisfaction surveys to client/family at the end of the 12-month service period or after a care coordination services stop prior to the end of active enrollment.
6. Monitors TBI data integrity of TBI CHIRP database.
7. Submits reports to Denver Options as required by contract.
8. Provides consultation for TBI care coordination as requested.

B. HCP Contracted Office:

1. Encourages families to complete the family satisfaction suveys and provide assurance that their responses will be confidential.
2. Responds to the best of their ability to requests for record reviews, HCP CHIRP documentation as related to the QI program.
3. Provides program feedback through the use of requested surveys and reports.
4. Consults with local HCP team members, as well as HCP care coordination program manager, and HCP TBI care coordinator consultant for clinical expertise as needed.

11.0 Appeals and Grievances

Applicants and program participants and their designated personal representatives shall have the right to file appeals and grievances. Individuals who are eligible for care coordination and purchased services, and other individuals acting on behalf of eligible individuals, shall have a right to appeal decisions to deny, reduce, suspend or terminate program services. These same individuals may initiate the grievance process. The HCP appeal and grievance process also serves as a formal mechanism for providing feedback regarding the HCP administrative processes, and for assuring consistency and fair treatment in policy implementation.

The HCP appeals and grievances process ensures that families receiving TBI care coordination receive fair treatment and appropriate care coordination and purchased services. A primary function of the appeal and grievance process is to provide feedback regarding policies and procedures. The process is an integral part of quality improvement and includes annual review of logs and other records, to identify patterns of dissatisfaction and recommend policy changes.

A. Appeals

An appeal is a request to review a decision of a contractor to deny or revoke program eligibility or to deny, reduce, suspend, or terminate the delivery of program services.

1. The contractors performing eligibility determinations and providing program services shall provide written notice to applicants and program participants of decision adversely impacting the individual's eligibility and program services. The notice shall include the decision the contractor has made, the reasons for the decision, the individual's right to appeal the contractor's decision, and the appeal procedures.
2. Applicants and program participants and their designated personal representatives shall have ninety (90) calendar days to file an appeal from the date of the contractor's notice.
3. The contractor shall accept oral and written appeals, and shall document oral appeals in writing.
4. The contractor shall give applicants and program participants reasonable assistance in filing an appeal and completing procedural steps in the appeal process, upon request.
5. The contractor shall assure that the individuals who make decisions on appeals are individuals who were not involved in any previous level of review or decision-making regarding the decision under appeal.
6. The contractor shall provide a reasonable opportunity for the individual making the appeal to present information, in person as well as in writing.
7. The contractor shall resolve each appeal and provide written notice within thirty (30) calendar days from the date the contractor receives the appeal. The notice shall include the contractor's decision regarding the appeal, the individual's right to a second level appeal to the Colorado Department of Human Services, Office of Appeals, and information on how to contract the Office of Appeals.
8. Applicants and program participants and their designated personal representatives shall have ninety (90) calendar days from the date of the contractor's notice to file a second-level appeal with the Department of Human Services, Office of Appeals.
9. The Office of Appeals shall have the right to additional information and may request oral argument or a hearing if it deems necessary.

10. The applicant, program participant or designated personal representative may represent himself/herself or use legal counsel or other spokesperson at a hearing.
11. The decision of the Office of Appeals shall constitute final agency action.
12. The contractor whose decision is under appeal shall participate in the appeals process, provide any documentation required, and implement any decision made by the Office of Appeals.

B. Grievance

Applicants and program participants and their designated personal representatives shall have the right to file grievances and appeals. A grievance is an oral or written complaint or expression of dissatisfaction about any matter other than a decision that may be appealed. A grievance may address issues such as the quality of services provided, the person providing services, the timeliness of services, the accessibility of service locations, or the availability of staff.

1. Applicants and program participants and their designated personal representatives shall have ninety (90) calendar days from the date of the incident to file a grievance expressing a complaint or dissatisfaction with any matter other than a decision that may be appealed.
2. The contractor shall accept oral and written grievances, and shall document oral grievances in writing.
3. The contractor shall give applicants and program participants reasonable assistance in filing a grievance and completing procedural steps in the grievance process.
4. The contractor shall ensure that the individuals who make decisions on grievances are individuals who are not a subject of the grievance and who were not involved in any previous level of review or decision making regarding the grievance.
5. The contractor shall provide a reasonable opportunity for the individual making the grievance to present information, in person as well as in writing.
6. The contractor shall resolve each grievance and provide written notice within thirty (30) calendar days from the date the contractor receives the grievance. The notice shall include the contractor's proposed resolution to the grievance; the individual's rights to further grieve the contractor's proposed resolution to the Colorado Traumatic Brian Injury Board or its designee, and information on how to contact the board or its designee.
7. Applicants and program participants and their designated personal representatives shall have ninety (90) calendar days from the date of the contractor's notice to submit their grievance to the Colorado Traumatic Brain Injury Board or its designee.
8. The grievance process shall be an informational dispute resolution process. The decision of the Colorado Traumatic Brain Injury Board or its designee shall be final.

12.0 Reimbursement for Care Coordination Services

CDPHE reimbursed local offices who provide TBI care coordination services as outlined in their TBI contract. The maximum reimbursement for TBI care coordination services is determined each contract year. Contracted agencies receive payments for active clients in 12 installments; one initial payment for the first month of care coordination (the initial month of the plan of care) and then 11 recurring equal payments over the care coordination year. Contracted offices submit a completed and signed invoice within 10 calendar days of the notification of an approved plan of care. HCP state office initiates the payment process via the state accounts payable system after the original signed invoice is received at the HCP state office. The state pays the HCP contracted office per payment schedule outlined in this policy.

ROLES AND RESPONSIBILITIES

A. HCP State Office:

1. Sends a copy of the invoice to the contracted office as an attachment with the care plan review and approval (email notification) that states:
    a. Agency name and address to receive payment
    b. Care coordinator name
    c. Client identification numbers
    d. Start and end dates of enrollment year
    e. Amount of payment due to the agency for each month of the enrollment year and a total reimbursement amount
    f. Line for agency representative signature

B. TBI Contracted Office:

1. Returns the original, signed invoice to the HCP state office within 10 days of receipt if in agreement.
2. Retains a copy of the invoice for records.
3. Notifies the TBI program manager of any discrepancies or errors within 10 days of receipt.
4. By signing the invoice, the care coordinator agrees to provide care coordination for the TBI client in accordance with the policies and guidance set forth by "TBI Program Policies and Guidance-TBI Trust Fund Program-Children and Youth."

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Glossary

Brain Injury Association of Colorado(BIAC): The Brain Injury Association of Colorado is the only statewide non-profit exclusively dedicated to brain injury. BIAC's mission is to improve the quality of life for individuals with brain injuries and their families and support programs to prevent brain injuries.

Colorado Department of Human Services(CDHS): CSHS oversees the state's 64 county departments of social/human services, the state's public mental health system, Colorado's system of services for people with developmental disabilities, the state's juvenile corrections system and all state and veterans' nursing homes, through more than 5,000 employees and thousands of community-based service providers.

Colorado Department of Public Health and Environment(CDPHE): CDPHE is committed to protecting and preserving the health and environment of the people of Colorado.

Health Care Program for Children with Special Needs (**HCP):** HCP is a federally funded, state program for children with special health care needs.

Children with Special Health Care Needs Unit (CSHCN): The CSHCN Unit within the Center for Healthy Families and Communities of the Prevention Services Division of CDPHE, works with state and community partners to develop a system of coordinated services and supports for children with special health care needs. Programs include the Health Care Program for Children with Special Needs (HCP), Family Leadership Initiative and Training Institute (FLTI), Medical Home Initiative, and newborn screening programs.

Denver Options(DO): The Mission of Denver Options is to provide children and adults with intellectual and developmental disabilities a choice of services to support their living, working, learning and playing in the community and to help them achieve optimum independence and productivity. This is accomplished this through effectively managing service delivery systems and coordinating resources.

Fiscal Services Unit (FSU): Department in CDPHE that processes all contracts, payments, and oversees contract compliance.

HCP Care Coordination: HCP care coordination facilitates access to and the coordination of health related services for children with special health care needs. These services may include both medical services (physical, mental and dental) and social support services. Care coordination is achieved through a comprehensive, family-centered medical home approach.

The vision of HCP care coordination is to improve the quality of life for families by improving their ability to appropriately and effectively utilize the health care system. HCP strives to provide referral assistance, education and guidance in coordinating health care and related community services.

Medical Home Approach: The term "medical home" refers to an approach to health care. This model ensures that all providers of a child's care operate as a team and that families are critical participants. A medical home approach strives to assure that health care is comprehensive, well coordinated, continuous over time, easily accessible, comprehensive and family centered. A medical home approach is accomplished when care and treatment options are collaboratively decided and families feel included and valued.

HCP Regional Office (RO): HCP has 16 regional offices throughout Colorado located in the following cities:

- Southwest (Durango)
- Western Slope (Grand Junction)
- Delta (Delta)
- Northwest (Steamboat Springs)
- South-Central (Alamosa)
- Jefferson (Lakewood)
- Larimer (Fort Collins)
- Boulder (Boulder)
- El Paso (Colorado Springs)
- Tri-County (Englewood)
- Southeast (Rocky Ford)
- Las Animas/Huerfano (Trinidad)
- Pueblo (Pueblo)
- Northeast (Sterling)
- Weld (Greeley)
- Denver (Denver)

Traumatic Brain Injury (TBI): A traumatic brain injury (TBI) is defined as an injury to the brain caused by an external force. Causes of TBI include, but are not limited to: falls, motor vehicle-traffic, motorcycle accident, struck by/against, sporting related injury, assaults, and blast injuries.

TBI Trust Fund: The TBI Trust Fund strives to support all people in Colorado affected by traumatic brain injury through services, research, and education. The vision of the Trust Fund is that all Coloradans affected by traumatic brain injury will have access to available services and supports when needed.

TBI Trust Fund Program: The Colorado Traumatic Brain Injury (TBI) Trust Fund Program was created in 2002. Title 26, Article 1, Part 3 of the Colorado Revised Statutes: created the TBI trust fund; added surcharges to certain traffic offenses to generate revenue for the trust fund; created a 13-member TBI board to oversee the trust fund; designated how funds would be spent; and placed the program in the Colorado Department of Human Services.